She-correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

CERTIFICATE OF DEATH

| | 1 | FOR MEDICAL | EXAMINERS | Reg. Dist. | No. 100 |
|--|--|---|---------------------------------------|-----------------------------------|---|
| 1. PLACE OF DEATH | harles | MARYLAND | 2. USUAL RESIDENCE (I | HOME) OF DECEASED. | Thales |
| OR give nearest town | | L and LENGTH OF STAY (in this place) | CITY (If outside corpor OR TOWN | ste limits, write RURAL and | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | | STREET ADDRESS | (If rural, give location) | / |
| 3. NAME OF DECEASED (Type or Print) | 3 Ahhl | (Middle) | 3 ivens | 4. DATE (Month) OF DEATH | (Day) (Year) |
| | COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 12-10-30 | 9. AGE last birthday If und Mont | hs Days Hours Min. |
| done during most of working | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State of | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | | ? | 14. MOTHER'S MAIDEN | WIVENS | |
| 15. WAS DECRASED EVER I (Yes, no, or unknown) (If | yes, give war or dates of | | 17. INFORMANT AND A | DDRESS | |
| | | 18. MEDICAL CE | RTIFICATION | | 1 |
| I DISEASES OR COND | | | EURAL H | e morr HA | INTERVAL BETWEEN ONSET AND DEATH |
| Antecedent cs Diseases or condigiving rise to the stating the under | tions, if any, (b) | PistoL s | Hots in | CHEST | 7-6-55 |
| | (e) | | | | |
| ti. OTHER SIGNIFICAN Conditions contributing related to the disease or | to the death but not condition causing death | | | | |
| | | INDINGS OF OPERATION | . 1. | | Yee No |
| 21. EXTERNAL CAUSE PRIMARY OR CONTI | INJU | | Zar La | tu Cho | Cles (STATE) |
| TIME (Month) (Da OF INJURY | y) (Year) (Hour) | INJURY OCCURRED While at Not while work At work | How did injury od | COMMON LAW | HUSBAN) |
| obtained by said Ar | stopsy, Inspection or | ns described above, held an A Inquiry, find that said dece , suicide , homicide | ased died on the dry state | I, Inquiry thereon and death in m | d from the evidence ay opinion resulted |
| SIGNATURE | A Cedele | (Degree or title) | ADDRESS | To me | DATE SIGNED |
| 21. BURIAL CREMATIC | July 9 19. | 6 | RY OR CREMATORY 1 | CAPLOR (City, town, or ed | ounty) (State) |
| DATE REC'D BY LOC. | AL REGISTRAR'S | | 24. FUNERAL DIRECTO | R | ADDRESS |

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

6531

FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

| 0001 | | neg. Dist. Ne | |
|---|--|--|---|
| 1. PLACE OF DEATH GOUNTY MARYLAND | 2. USUAL RESIDENCE (HOME, STATE | OF DECEASED. | (Fail |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negrect to m) TOWN TOWN | CITY (It outside corporate limi OR TOWN | -10 -1 | nearest town) |
| HOSPITAL OR INSTITUTION OR & MAS on Road | STREET ADDRESS | (If rural, give locatioo) | V |
| 3. NAME OF DECEASED (First) (Middle) The Carlot (Type or Print) | 2/0000 | DATE (Month) DEATH Val | (Day) (Year) 1953 |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) | 2/22/54 | E last birthday If under Months yrs. | Days Hours Mio. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind or Bushess or done during most of working life, even if retired) | HUNZ do Or | es. Old. | Countary OF WHAT |
| 13. FATHER'S NAME B / Rouins | 14. MOTHER'S MAIDEN NAM | d Phipp | 5 |
| 15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) | 11-3. O.L. By | 1 57 | Rel. |
| 18. MEDICAL CE | RTIFICATION Ladid | - Head I'm | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH) . | | Per | ONSET AND DEATE |
| Immediate cause (a) Steffoce Teor | ds dresult | of Falling | Toward. |
| Antecedent cause(s) Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last | reschk bid - | well t | · · • • • • • • • • • • • • • • • • • • |
| (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | | Yes No |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc. | Indian He | el Charles | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 7 - (9-55 m. While at work at work | HOW DID INJURY OCCUP | | usht |
| 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes [] accident [] suicide [], homicide [], | ased died on the day staked about undetermined . | quiry thereon and ve, and death in my | opinion resulted |
| SIGNATURE (Degree or title) | Indian Head | ? ord ; | 7-19-55 |
| Bured Specify of ST Tella fight | | 10N (City, town, or couo | old. |
| DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE REG. 7/19/5-9 Bally Prize | 24 FUNERAL DIRECTOR | Home No | ADDRESS ACT |
| | | | |

The correct age

PLEASE WILLE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is expecially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

SECEDAED.

MARYLAND STATE DEPARTMENT OF HEALTH

06585

6532

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 10-0

| 1. PLACE OF DEATH COUNTY | MARYLAND | STATE M | | INTY Charles |
|---|--|--|--|---|
| CITY (If outside corporate Mmits write RUF OR give nearest town) | AL and LENGTH OF STAY (in this place) | OR TOWN | ocate limits, write RURALyan | ed give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS | (If rural, give location | on) / |
| 3. NAME OF DECEASED (Type or Print) William (First) | (Middle) | DOWMA | 4. DATE (Month) OF DEATH | (Day) (Year) |
| 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 5-5-05 | 9. AGE last birthday If u Mo | nder I year If under 24 hi nths Days Hours Min |
| 10a. USUAL OCCUPATION tilve kind of work done during most of working file, even if retired) | 10b. Kind of Business on Industry | 11. BIRTHPLACE (Sta | Td. | COUNTRY S |
| 3. FATHER'S NAME 120 | wnan | 14. MOTHERY MAID | Zie Wolt | × 11 + |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates service) | | 17. INFORMANT AND | ADDRESS Jarber | Librale |
| | 18. MEDICAL CE | RTIFICATION | / | INTERVAL BETWEE |
| DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | | | ONSET AND DEAT |
| Immediate cause (a) | (/LUSHe | - D C | Hest | 7-5-50 |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | | | |
| OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing des | | FRAC | Both Legs | 7-5-55 |
| 19s. DATE OF OPERATION 19b. MAJOR | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| 21. EXTERNAL CAUSE WAS PLA | ACE (Home, farm, factory, street, | CITY | R TOWN) / COV | Yes No NTY) (STATE) |
| PRIMARY FOR CONTRIBUTING OF CAUSE OF DEATH. | URY Gury | 201 | Alleta Ch | when Il |
| TIME (Month) (Day) (Year) (Hour) | INJURY OCCURRED / | HOW DID INJURY | OCCUR? | Total of the |
| INJURY 7 JJ 25m. | work at work | + Hit B | Jy AUTO | |
| 22. I certify that I took charge of the remoblained by said Autopsy, Inspection of | ains described above, held an A or Inquiry, find that said dece | Autopsy [], Inspection ased died on the day st | X, Inquiry : thereon a ted above, and death in | and from the evidence my opinion resulted |
| from: natural causes accident [SIGNATURE | (Degree or title) | ADDRESS . | - De 1 | DATE SIGNED |
| - > sally | n n. 1) . 0 | Her Xala | Med | 1-1-00 |
| 23. BURNAL CREMATION DATE THERE RIVER AL (Specify) July 8/19. | 55 Secredos | RY OR CREMATORY | LOCATION (City, town, or | county) (State) |
| REGOT PARCE | SIGNATURE | 24. FUNERAL DIREC | // | ADDRESS |
| 11/13 Tules | N. Jaray | (Xrehant & | uneral Home Inc | |
| 1 | 1 | of nell of | insort. | |

BUREAU V. S.

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BINDING

FOR

RESERVED

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 The CERTIFICATE OF DEATH Reg. Dist. No. item of information carefully. legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: COUNTY Garler MARYLAND COLINTY (If outside corporate limits, write RURAL) CITY (If outside corporate limits, write RURAL and give LENGTH OF STAY OR and give nearest town) (in this place) OR TOWN TOWN clearly HOSPITAL OR STREET (If rural give location INSTITUTION OR **ADDRESS** STREET ADDRESS 3. NAME OF (First) (Middle) (Last) DATE (Month) DECEASED: URCH OF bseph duran (Type or Print) DEATH: 5. SEX: DATE OF COLOR OR 7. SINGLE, MARRIED. 8. BIRTH: 9. AGE last birthday IF UNDER 1 YEAR RACE: WIDOWED, DIVORCED, Months (Specify): IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: even if retired): 13. FATHER'S NAME MAIDEN NAME: 14. MOTHER'S 15. WAR DECEASED EVER IN DIS. ARMED FORCES! IS. SOCIAL SECURITY NO. & ADDRESS (Yet no. or unk.) (If Yet give war or dates of service) 18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. WRITE INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21E. HOW DID INJURY OCCUR? While Not while I OF INJURY at work at work 62 OR TYPE alive on ... Llas SIGNATURE ADDRESS M. D ASE 23. BUBIAL, CREMATION, THEREOF NAME OF CEMETERY OR CREMATORY

INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (State) (County) 22. I hereby certify that I attended the deceased from January, 1967, to 22 July 1957, that I last saw the deceased 1917, and that death occurred at 2:154 M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) REMOVAL (SPECIFY) 24. FUNERAL DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR #

nearest town

(Year)

Hours

COUNTRY?

USA

(Dav)

Days

国

BECENED

105 Se 1055

BUREAU V. S.

6534

CERTIFICATE OF DEATH

| 2 | MARYLAND STATE DEP | PARTMENT OF HEALTH | 06587 |
|--|--|--|--|
| ect | 6584 CERTIFICAT | E OF DEATH | |
| e correc | FOR MEDICAL | | Reg. Dist. No. 100 |
| . Th | I. PLACE OF DEATH COUNTY MARYLAND | 2. USUAL RESIDENCE (HOME) OF I | COUNTY 47X-3 |
| efully gibly. | CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town Inches (in this place) | CITY (If outside corporate limits, wri | Control of the Contro |
| y every item of information carefully the causes of death clearly and legibly. | HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS 1/48 Val | al. give location) |
| matic | 3. NAME OF (First) (Middle) DECEASED (Type or Print) | Leby 4. DATE OF DEATE | (Month) (Day). (Year) |
| infor th cle | 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last 71/29 1916 39 | birthday If under I year Months Days Hours Min. |
| m of | done during most of working life, even if retired) 10b. Kind of Business or Industry Industry Industry | 11. BIRTHPLACE (State or foreign coun | 12. CITIZEN OF WHAT COUNTRY? |
| ry ite | 13. FATHER'S NAME HER'S NAME HER'S NAME | 14. MOTHER'S MAIDEN NAME | 4 |
| y ever | 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, he or unknown) (If yes, give war or dates of service) | 17. INFORMANT AND ADDRESS | Les Washington |
| -Supp | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) | V. | INTERVAL BETWEEN ONSET AND DEATH |
| MITH UNFADING INK important. Physicians: plea | Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last | | |
| Phy | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | |
| 'H U | related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY1 |
| imports | 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc) CAUSE OF DEATH. INJURY | at him Cherry | (COUNTY) (STATE) |
| PLAINLY s especially | TIME (Month) (Day) (Mort) INJURY OCCURRED While at Not while at work at work | HOW DID INJURY OCCUR? | |
| RITE PLA | 22. I certify that I took charge of the remains described above, held an A obtained by said Automy, Inspection ar Luquiry, find that said deceders from: natural causes accident suicide, homicide, SIGNATURE. (Degree or title) | used died on the dry stated above and | thereon and from the evidence d death in my opinion resulted DATE SIGNED |
| ASE W | 22 INITIAL CHEMATION DATE THEREOF NAME OF CEMETER 7-4-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5- | | City, town, or county) (State) |
| THE CHILL | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7-9-55 Rulia & Sosen | 24. FUNERAL DIRECTOR Houth & Russ | Waldon Myd |
| | | 7 | |

FLEASE WRITE PLAINLY

MARGIN RESERVED FOR BINDING

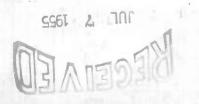
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BUREAU V. E.

VS. A15

| MARYLAND STATE DEPARTMEN | | 06588 |
|--|---|------------------------|
| 6535 CERTIFICATE | OF DEATH Reg. Dist | . No/4/ |
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | _ |
| COUNTY Charles MARYLAND | STATE TLA COUNTY Cha. | les |
| CITY (If outside corporate limits, write RURAL OR STAY (In this place) | CITY (If outside corporate limits, write RURAL an | d give nearest to |
| HOSPITAL OR | TOWN / 155 db | > |
| INSTITUTION OR STREET ADDRESS | STREET (If Jural, give location ADDRESS | , |
| 3. NAME OF DECEASED: (Type or Print) Results (First) Ankes/Results Ankes/Results | (Last) J. DATE (Month) (Da OF DEATH: Tuly | y) (Year) |
| 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): | | YEAR IF UNDER 2 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | II. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF COUNTRY |
| 13. FATHER'S NAME: ROSS | 14. MOTHER'S MAIDEN NAME: An Kil | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. 1 (Yes, no, or unk.) (If Yes, give war or dates of service) | INFORMANT & ADDRESS: The Free Tables | real The |
| I8. MEDICAL CI | ERTIFICATION | INTERVAL BET |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | - | ONSET AND DE |
| Immediate cause (a) | | 222 |
| Antecedent cause(s) | 1/2 - Nesaure | 2 |
| Diseases or conditions, if any, glving rise to the above cause stating underlying cause last | Hent Biscuss | 3 900 |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: | | 20. AUTOPSY |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY) | Yes No |
| SUICIDE OF office bldg., etc.) HOMICIDE INJURY | (COUNTY) (COUNTY) | (wrass) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF While at Not while INJURY M. work at work | / | |
| 22. I hereby certify that I attended the deceased from | 1951, to 7/4 , 1950, that I last | saw the decea |
| alive on, 1911, and that death occurred at SIGNATURE (DEGREE OR TITLE) | | DATE SIG |
| 28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERS REMOVAL (Speaky): | | |
| | 2. PUNERAL DIRECTOR | ADDRESS |

06588



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 0400 | | | |
|------|-------------|----|-------|
| 6586 | CERTIFICATE | OF | DEATH |

| 6586 | CERTIFICAT | E OF DEAT | H Reg. | Dist. No/00 |
|--|---|----------------------|---------------------------|---|
| 1. PLACE OF DEATH: COUNTY Charles | MARYLAND | STATE MA. | COUNTY C | Carles |
| CITY (If outside corporate limits, wri | te RURAL LENGTH OF STAY | OR TOWN | phromille | RAL and give nearest town |
| HOSPITAL OR INSTITUTION OF STREET ADDRESS Plagueums | maniel Hagita | STREET ADDRESS | (If rural give loc | ation) |
| 3. NAME OF DECEASED: (Type or Print) | (Middle) | NDLEV | 4. DATE (Month) OF DEATH: | (Day) (Year) 15 19 55 |
| RACE: WID | OWED. DIVORCED. 8. DATE | . 2. 1885 | 70 yrs. | hs Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 108 KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (Sta | te or foreign country): | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME: | ndley | Clora (| Reider | |
| 18. WAR DECEASED EVER IN S. ARMED FORCE (Yes, no, or unk.) (If Yes) give war or dat of service) | tes 16. SQUAL SECURITY No. | Clarice Ha | ADDRESS: | the ide he |
| DISEASES OR CONDITIONS DIRECT | 18. MEDICAL CERTIFICA TLY LEADING TO DEATH (A) DUE TO | O-VASCULAN | 3 RENAL | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | (B) TA | LURE | 8.6. | 19-2 |
| II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING | TO THE | i, with | - curons | 1/10 9 |
| | IOR FINDINGS OF OPERATIO | N . | | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21B. PLACE (Home, farm, fa OF INJURY street, office bldg | | (City or town) | (County) (State) |
| 21D. TIME (Month) (Day) (Year) (House OF INJURY M. | While Not while | D 21F. HOW DID INJ | URY OCCUR? | |
| 22. I hereby certify that I attended alive on SIGNATURE | and that death occurred a | M, from the | causes and on the | last saw the deceased date stated above. DATE SIGNED |
| 23. BURIAL, CREMATION, DATE THE REMOVAL (SPECIFY) | | TERY OR CHEMATORY | Elallon (City, to | wn or county) (State |

MARGIN RESERVED FOR BINDING

MEGENAED

1111 SO 1055

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| 0504 | CITATO DISTINCTON | OT | TOTAL APTIT | Т |
|------|-------------------|----|-------------|---|

Reg. Dist. No. 100

| 03% CERTIFICATE | E OF DEATH Reg. Dist. | No. / 5-0 |
|--|---|----------------------|
| 1. PLACE OF DEATH: COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | 2. USUAL RESIDENCE (HOME) OF DECEASED | . 00 |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN (in this place) | CITY(If outside corporate limits, write RURAL an OR TOWN COLOM. | d give nearest town) |
| OR and rive nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN | STREET (If rury give location) ADDRESS | / |
| DECEASED: (Type or Print) HARK | (Last) 4. DATE (Month) OF DEATH: | 23 (Year) |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify): | 73,1955 yrs. Months Da | ys Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 11. BIRTHPLACE (State or foreign country): 12. C | OUNTRY! |
| 13. FATHER'S NAME: | Ruly Stollard | |
| IS. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, po, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 17. INFORMANT & ADDRESS: | |
| 18. MEDICAL CERTIFICAT | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 110 711 | ONSET AND DEATH |
| 76 IMMEDIATE CAUSE (A) Difficu | el Labor - deft | |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B) | y Breech Presentston | |
| STATING UNDERLYING CAUSE LAST. DUE TO | Baly | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | 7. 40. 4 | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | when a | |
| | 1 | 20. AUTOPSYT |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while | tory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR? |) (State) |
| 21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Valey alive on July 23, 19 JJ, and that death occurred at SIGNATURE | 7:5.74 M, from the causes and on the date st | |
| REMOVAL (SPECIFY) 7/24/55° Family | | county) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

mus wills fory Sr

BUREAU V.

JUL 26 1955

tral.

MARYLAND STATE DEPARTMENT OF HEALTH

6233

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

| FOR MEDICAL | DAM. WITH VISITED | Reg. Dist. | |
|---|--|---|---|
| I. PLACE OF DEATH COUNTY MARYLAND | 2. USUAL RESIDENCE (I | COUN | Colleg. |
| CITY (If Jutile corporate this write RUNAL and LENGTH OF STAY OR TRIBUTAL OR LENGTH OF STAY (in this place) | CITY (If outside corporation) OR TOWN STREET | te limits, write RURAL and | & Med X |
| INSTITUTION OR STREET ADDRESS | ADDRESS | (as suran Bivo rocamors) | / |
| 3. NAME OF DECEASED (Type or Print) IAMES WILLIAM | HENRY | 4. DATE (Month) OF DEATH MC9 | (Day) (Year) |
| 6. SEX 6. COLOR R RACE 7. SINGLE, MARRIED, WINDLED, DIVORCED, (Specify) | 2 -/1 - 40 | 9. AGE last Mirthday Mont | hs Days Hours Min |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | Sellymor | e wood | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME Watter Deury | 14. MOTILED MAIDEN | use Torey | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) | Momie P | Hory Fred | ion Krock |
| I DISEASES OF CONDITIONS DIFFERENCE TO DESCRIPTIONS | ERTIFICATION | / | INTERVAL BETWEE |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH 1. DISEASE OR CONDITIONS DIRECTLY | inf_ | \$ ************************************ | ONSET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, (b) | 0 | | |
| giving rise to the above cause stating the underlying cause last | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 1 | | 20. AUTOPSY? |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. | was Neve | , W | Yes No F |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY | HOW DUE INJURY OF | K Dreserver | En wee m |
| 22. I certify that I took charge of the remains described above, held an obtained by said Autopsy. Inspection or Inautry, find that said deci | eased died on the day state | Infuiry thereon an ed above, and death in m | nd from the evidence ny opinion resulted |
| from: natural causes accident by suicide , homicide , signature or title) | DDRESS . | m | DATE SIGNED |
| 23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE | CRY OR CREMATORY | LOCATION (City, town, or ed | yupty) = (State) |
| Grant Fold July 3, 55 | | Washington | 2 DC |
| REGISSSS AULIC HOUSE | LEGAL DIRECT | or I low a | ADDRESS |
| | | | |

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK-Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

DECENTED Y. S. BONEAU V. S.

| 6589 | | .06592 |
|---|---|-------------------------------------|
| Items 18421 Film Glob 8-12-55 and | HEALTH—BALTIMORE, 18 | Reg. Dist. |
| MEDICAL EXAMINER S CER | TIFICATE OF DEATH | No. |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Charles MARYLAND | STATE Md. COUNTY Charles | |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY (in this place) | CITY (If outside corporate limits write RURAL and OR TOWN Tompkinsville | give nearest town) |
| HOSPITAL OR UNSTITUTION OR WICOMICO River | STREET (If rural, give location) ADDRESS | - / |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) FRANCIS PATRICK HILL | (Last) 4. DATE (Month) (Day OF DEATH July 6 | (Year) 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, | E OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y | |
| Male Colored (Specify): S man | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | PR 11. BIRTHPLACE (State or foreign country): 12. | COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Julian Hill | Do Count. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: Bernerdine Pfill 18 39 Kal | maist & |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) | CAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, (b) | | |
| stating underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes No |
| 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory | 7, 21c. (City or town) (County) | (State) |
| PRIMARY or CONTRIBUTING OF Street office bldg., etc CAUSE OF DEATH. | | Md. |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work INJURY OCCURRED While at work I at work | Found drowned | |
| 22. I hereby certify that I look charge of the remains descrifing that death resulted from Natural causes [], Acci | dent , Suicide , Homicide , Undeter | |
| REMOVAL (Specify): 7955 Hely Illie | RY OR CREMATORY LOCATION (City, town, or co | unty) (State) |
| DATE REC'D BY LOCAL RECUSTRAL'S SIGNATURE PORCE | Grehart Funeral Home In | ADDRESS |
| | Soplator md. | |

BUREAU V. A.

S951 37 THE

DAMPE

| MARYLAND STATI | E DEPARTMENT OF | | | Reg. Dist. |
|---|--|------------------------|--|----------------------------------|
| MEDICAL EXAM | MINER'S CE | RTIFICATE | OF DEAT | H No |
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE | CE (HOME) OF DECEASED |): |
| COUNTY Charles | MARYLAND | STATE Md. | COUNTY | harles |
| CITY (If outside corporate limits, write OR and give nearest town) | RURAL LENGTH OF STA | CITY (If outside on OR | corporate limits write RURA | L and give nearest town |
| X TOWN Waldoy | Reval afe | TOWN | Waldorf, Md. | · X |
| COUNTY Charles CITY (If outside corporate limits, write OR and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED: (Type or Print) 5. SEX: 6. COLOR OR RACE: WE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN | / / | STREET | (If rural, give loca | ation) |
| 3. NAME OF (First) DECEASED: (Type or Print) DARRARA | (Middle) | (Last) | 4. DATE (Month) OF DEATH 7/22/ | (Day) (Year) |
| 5. SEX: 6. COLOR OR 7. SI | | | . AGE last birthday: IF UN Mont | |
| 10s. USUAL OCCUPATION (Give kind work done during most of work life even if retired) | of 10b. KIND OF BUSINESS | OR 11. BIRTHPLACE | (State or foreign country) | : 12. CITIZEN OF WILL |
| 13. FATHER'S NAME: | misony | 14. MOTHER'S MAN | DEN NAME: Grist | |
| 15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unk.) (11. Yes, give war or dates | | 17. INFORMANT & A | DDRESS: | Worden Wa |
| | 18. MEI | ICAL CERTIFICATION | - from giving | |
| I. DISEASES OR CONDITIONS DIRECTL | Y LEADING TO DEATH: Choriomenin | ,/ | | INTERVAL BETWEE |
| Immediate cause (a). | | 5.1.0.1.5 | | |
| Antecedent cause(s) | Virus infec | tion - type und | etermined | |
| Diseases or conditions, if any, (b) glving rise to the above cause DUE 7 stating underlying cause last | | not poli | omyelitis | |
| IL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING | ATED TO THE | | | |
| 19a. DATE OF OPERATION: 19b. MAJ | | | | 20. AUTOPSY? |
| 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | 21b. PLACE (Home, farm, fact OF street, office bldg., INJURY | | n) (County) | (State) |
| 21d. Time (Month) (Day) (Year) (Hot | | | NJURY OCCUR! | |
| 22. I hereby certify that I took c | harge of the remains des | cribed above, held an | Autopsy , Inspection | on [], Inquiry [], a |
| find that death resulted from: | Natural causes [], A | ccident [], Suicide [|] , Homi cide □, Ui MEDICAL EXAMINER | ndetermined cause [DATE SIGNEI |
| SIGNATURE PAFISHE | V | M. D. DEPUT | Y MEDICAL EXAMINER ANT MEDICAL EXAM. | 7/22/55 |
| 23. BURIAL, CREMATION, DATE THE REMOVAL (Specify): | 1950 St Piter | h Cently | Wildry | nd |
| DATE REC'D BY LOCAL REGISTRA | R'S SIGNATURE | 3 Houts | Ryon Tu | aldy my |

VS. A15A - 5 - 53



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MARYLAND STATE DEPARTMENT OF HEALTH

6591

REGISTRAR'S SIGNA

CERTIFICATE OF DEATH

06594

FOR MEDICAL EXAMINERS Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE/THOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place) TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR STREET ADDRESS 4. DATE 3. NAME OF (Month) (Day) (Middle) (Last) DECEASED DEATH (Type or Print) 9. AGE last of thday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRUND, WIDOWED, DIVORCED, (Specipality) 10a. USUAL OCCUPATION (Give kind of work done during most of working vie, even if retired) 12. CITIZEN OF WHAT 19b. KIND OF BUSINESS OR LACE (State or foreign country) COUNTRY? 13. FATHER'S NAME 15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. es, no, or unknown) j (If yes, give war or dates of 18. MEDICAL CERTIFICATION ONSET AND DEATH 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the ahove cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No D 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. OF office hidg., etc.) PLACE (Home, form, factory, street, (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY INJURY OCCURRED OCCUR1 TIME (Month) (Day) (Year) (Hour) While at Not while car never 1 work at work [22. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inspection ... Inspection ... Inspection ... Inspection and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes | accident | suicide |, homicide |, undetermined |. DATE SIGNED SIGNATURE (Degree or title) LOCATION (City, town, or county) 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY DATE THEREOF (State) REMOVAL (Specify)

DECEIVED

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

6592

CERTIFICATE OF DEATH

| corre | A A | FOR MEDICAL | LEXAMINERS | Reg. Dist. | No. 100 |
|---|---|--|-----------------------------|---|---|
| . The | 1. PLACE OF DEATH harlo | MARYLAND | 2. USUAL RESIDENCE (F | COUN | (1) |
| efully gibly. | CITY (If outside theorate limits write RURA OR give neares town) | L and LENGTH OF STAY | TOWN / John | te limits, write RURAL and | Se |
| n car | HOSPITAL OR INSTITUTION OR STREET ADDRESS | . / | STREET ADDRESS 5002 4 | G 17 (If rural, give location) | , 16X-2V |
| of information carefully death clearly and legibly. | 3. NAME OF DECEASED (Type or Print) | (Middle) | St CLAIN | 4. DATE (Month) OF DEATH | (Day) (Year) |
| infor th cle | 5. SEX | 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) | 8. DATE OF BIRTH | 9 / yrs. | hs Days Hours Min |
| of des | done during most of working the even if retired) | 10b. Kind of Business or Industry | Marys | or loreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| every item se causes of d | 13. FATHER'S NAME | et Clair | Um | ue Owen | is the |
| ンゴ | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 1579-01-4032 | 17. INFORMANT AND A | DDRESS | |
| Suppl | 1. DISEASES OR CONDITIONS DIRECTLY I | 18. MEDICAL CE | ERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| INK. please | Immediate cause (a) | Muslu | d Ches | | 7-2-55 |
| UNFADING I | Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last | | | *************************************** | |
| JNFA | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | Sinto. | acci dent | | 7-3-55 |
| WITH i | 19a. DATE OF OPERATION 19b. MAJOR F | | | 080. | Yes No D |
| Y. W. | 21. EXTERNAL CAUSE WAS PRIMARY ILLA CONTRIBUTING OF OF CAUSE OF DEATH. | CE (Home, farm, factory, street, office bldg., etc.) | The Chris | TOWN) | a Charles De |
| PLAINLY. | TIME (Month) (Day) (Year) (Hour) OF INJURY 7 3 5 7 4 | INJURY OCCURRED While at Not while work at work | HOW DOWNJURY OF | -auto | Ollision |
| E PLA | 22. I certify that I took charge of the remain obtained by said Autopsy Inspection or from: natural causes accident | Lugaring, find that said dece | eased died on the dry state | Inquiry : thereon are d above, and death in m | nd from the evidence ny opinion resulted |
| WRIT | SIGNATURE | (Degree or title) | ADDRESS | 95001 | DATE SIGNED |
| ASE | 22 RURIAL, CRYMATION DATE THEREO | F NAME OF CEMETE | CRY OF CREMATORY I | LOCATION (Olty, town, or co | ounty) (State) |
| PLE | DATE RECID BY LOCAL REGISTRAR'S S | Haze | PARTUNERAL DARBOR | | ADDRESS Zuc TSOOL 1 |

The correct age

MARGIN RESERVED FOR BINDING

SSGE 9 AND SECTION OF STREET

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

6593

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. / 00

| 1. PLACE OF DEATH · | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
|--|--|-------------------------------------|
| COUNTY MARYLAND | STATE COUNTY | Il selle |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and giv | e nearest town) |
| OR glvo mearest town) (in this place) | TOWN Comments of Shares | |
| HOSPITAL OR | STREET (If rural, give location) | 101-00 |
| INSTITUTION OR STREET ADDRESS MI MARAGUAL | ADDRESS | / |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| DECEASED (Type or Print) | MALLY DEATH | 1952 |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) | 8. DATE OF BIRTII 9. AGE last birthday If under Months | |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 | CITIZEN OF WHAT |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 11.10 |
| Thread Set ellemberry | Emilie Atoll | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS | |
| (Yes, no, or unknown) (If yes, give war or dates of service) | The Otto Sel Wel | m) |
| 18. MEDICAL CE | RTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATE |
| 2214 | 0.0 | 6 minute |
| 2) Immediate cause (a) | Lawre | O morries |
| Antecedent cause(s) Diseases or conditions, If any, (b) Cerebravas | arlan accident | 6 months |
| giving rise to the above cause stating the underlying cause last | | 10:00 |
| (c) allenoal | llions | 110 pars. |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR? | |
| INJURY m. Work At work | 1 3 -11 | |
| 22. I hereby certify that I attended the deceased from Chal. | 5, 19 5, to 5 xuly, 19 3, that I last s | aw the deceased |
| | 1 1 | |
| alive on | ADDRESS ADDRESS | ated above. DATE SIGNED |
| Frederick M. Huson M.D. | XI Plala 6, | July 53 |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) | RY OR CREMATORY LOCATION (City, town, or count | Co MA |
| DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| REG. 7-9-55 Julia & Gosey | Steent 7 1 you Max | doll mo |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

VS. A15

DELVIE 1955

BUREAU V. E.

| 71 | . The | CERTIFICATE OF DEATH Reg. Dist | No.100 |
|----------------|----------------------------|---|----------------------------------|
| 9 | carefully legibly. | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE! | |
| | | COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest) town) OR and give nearest) town) TOWN MARYLAND STATE CITY(If outside corporate limits, write RURAL or in this place) TOWN TOWN | |
| RA | information clearly and | HOSPITAL OR INSTITUTION OR Physican Memorial STREET ADDRESS ADDRESS Memorial | 7 |
| M | of ath | 3. NAME OF DECEASED: (First) ZZIE BELLE SOLLARS OF DEATH: | 9 (Year) |
| | it | (Specity): W 11-26/8/70 16 yrs. | Hours Min. |
| SNG | y every causes | even if retired): House wife gelf lengthy Many land | COUNTRY? |
| BINDING | Supply ite the c | James Bushins BURKINS MARTHA MO | RRISON |
| RESERVED FOR 1 | INK. Su | 19. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes. 10 or unk.) (If Yes, give war or dates of service) 10. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Machine Bateman | Walder My |
| | ADING IN s: please | 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X CEREBRIL Hempeh | INTERVAL DETWEEN ONSET AND DEATH |
| ESE | UNFA] | ANTECEDENT CAUSE (S) | M-61.11 |
| ARGIN R | WITH U | DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DEAL ART SCLERES | 1-9-33 |
| MAR | Y, | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| | AINL | DISEASE OR CONDITION CAUSING DEATH | 20. AUTOPSY? |
| | 7 | | YES NO NO |
| | WRITE PI especially | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, or contributing Cause of Death of Injury atreet, office bldg., etc. Injury occur? (Countributing Death of Injury atreet, office bldg., etc.) | (State) |
| 1) | > m | OF INJURY M. 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR? | |
| •• | E OR | 22. I hereby certify that I attended the deceased from 7 - 9 , 19 , to 7 - 9 , 19 , that I last | |
| 10 - 53 | TYP | alive on | stated above. TE SIGNED |
| A15 — | EASE | 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION City, town, or REMOVAL (SPECIFY) 7/18/55 Mt. (Left.) | Payland |
| | - | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR | ADDRESS . |

BUREAU V.

102 1022

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | | | | 100 |
|----|------|-------|-----|-----|
| Re | g. I | list. | No. | 100 |

| . The | CERTIFICATE OF DEATH Reg. Dist. No. 10-0 | | | | |
|--|--|---|-------------------|--|--|
| INK. Supply every item of information carefully use write the causes of death clearly and legibly. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF OECEASED: | | | |
| | COUNTY Charles MARYLAND | STATE Md COUNTY Cha | vies | | |
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY(If outside corporate limits, write RURAL | | | |
| | OR and give nearest town) (in this place) | TOWN POYT TOBACCO | 1 | | |
| | HOSPITAL OR | STREET (If rural give location) | * | | |
| | INSTITUTION OR STREET AODRESS | ADORESS | | | |
| | 3. NAME OF (First) (Middle) DECEASED: (Type or Print) ELIZABETH | STONE OF DEATH: JULY | Dny) (Year) | | |
| | | OF BIRTH: 9. AGE last birthday IF UNDER 1 | | | |
| | IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT | | |
| | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | U.3. H. | | |
| | Thomas D St. | Fliante TCI | | | |
| | 15. WAR DECEMBED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | Elizabeth T, Edele | 71 | | |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) | 100 - 110 - 15 | | | |
| IN | | MYS. Margaret Dippold Wal | dorf, Md | | |
| NG IN | 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ION | INTERVAL BETWEEN | | |
| DI | 434.3 | 1. | . ++ | | |
| TH UNFADING Physicians: ples | IMMEDIATE CAUSE (A) | ardiae and | malantanto | | |
| | ANTECEDENT CAUSE (S) | and filelit | (A. H | | |
| | DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE OUF TO | min devely | 6 mours | | |
| T. H | STATING UNDERLYING CAUSE LAST. OUE TO | -01 2-0 | 100000 | | |
| WITH nt. Phy | (C) | oca age | 10 years | | |
| ~ 00 | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | |
| N. L. | OISEASE OR CONDITION CAUSING OEATH. | | | | |
| 2 | 19a. DATE OF OPERATION: 19B. MAJOR FINOINGS OF OPERATION | | 20. AUTOPSY? | | |
| PE OR WRITE age is especia | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Vhile Not while at work at work 21F. HOW OIO INJURY OCCUR? | | | | |
| | 22. I hereby certify that I attended the deceased from out, 19.54, to July, 19.55, that I last saw the deceased | | | | |
| | alive on 30 July 19 57, and that death occurred at 5 M, from the causes and on the date stated above. SIGNATURE DATE SIGNED | | | | |
| | Frederick M. Johnson M.D. da Plata, Mrs. 30 July 55 | | | | |
| 02 | REMOVAL (SPECIFY) | ERY OR CREMATORY LOCATION (City, town, 6) | r county) (State) | | |
| PLEA | OATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY | 24. FUNERAL OIRECTOR | AODRESS | | |
| | 41/2) | MININI AUTON MAIDOL | f, 111ai | | |

MARGIN RESERVED FOR BINDING VS. A15-10-53

NG 3 1822

BUREAU V. S.

The Mark Washington